

Case Number:	CM14-0040656		
Date Assigned:	06/20/2014	Date of Injury:	06/02/2003
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female who reported an injury on 01/01/2004 due to an unknown mechanism of injury. The injured worker complained of low back pain radiating down the left buttock and right lower extremity. On 04/15/2014 the physical examination revealed tenderness across the back in the area of the hardware. She also had tenderness over the trochanteric bursa. There were no diagnostic tests submitted for review. There was not a diagnosis listed in the documentation provided. The past treatment included a L4-5 decompression and fusion with cages on 08/23/2011. The injured worker is on the following medications Gabapentin 600mg, Zanaflex 4mg, Tramadol, and Tizanidine 4mg. The current request is for Tramadol 200mg. The rationale and request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 200 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The request for tramadol 200mg is not medically necessary. The injured worker has a history of low back pain. The CA MTUS guidelines state in regards to opioids, that there must be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. . It is recommended for ongoing monitoring that the four A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. The documentation provided did not include the four A's of ongoing opioid monitoring. In addition, there was no recent documentation of current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. In addition, the quantity and duration were not provided for the proposed medication. Given the above, the request for tramadol 200mg is not medically necessary.